

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	33-XZ-5706	
		First Inventor	Jensen	
		Title	Integrated Fluoroscopic Surgical Navigation and Imaging Workstation with Command Protocol	
		Express Mail Label No.	EL 849 002 043 US	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 25] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none">-Descriptive title of the invention-Cross Reference to Related Applications-Statement Regarding Fed sponsored R&D-Reference to sequence listing, a table, or a computer program listing appendix-Background of the Invention-Brief Description of the Drawings <i>(if filed)</i>-Detailed Description-Claim(s)-Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]</div> <div>5. Oath or Declaration [Total Sheets 6]<div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> Paper</div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div> <div style="text-align: center;">ACCOMPANYING APPLICATION PARTS</div> <div>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other:</div>		
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/649,071</div> <div>Prior application information: Examiner: <u>Qaderi</u> Art Unit: <u>3737</u></div> <div>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 23446		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below		
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		
Name (Print/type) <u>Joseph M. Butscher</u>		Registration No. (Attorney/Agent) <u>48,326</u>		
Signature <u>[Signature]</u>		Date	<u>November 25, 2003</u>	

22141 U.S. PTO
10/721639



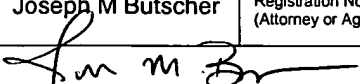
PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	
		Filing Date November 25, 2003	
		First Named Inventor Jensen	
		Examiner Name Qaderi	
Group Art Unit 3737			
TOTAL AMOUNT OF PAYMENT (\$770)		Attorney Docket No. 33-XZ-5706 (MHM 12881US02)	

METHOD OF PAYMENT		FEE CALCULATION (continued)																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 07-0845 Deposit Account Name: GEMS <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																													
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing Fee</td><td>770</td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing Fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1) (\$770)</td><td></td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 770	2001 385	Utility filing Fee	770	1002 340	2002 170	Design filing Fee		1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1) (\$770)					
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
1001 770	2001 385	Utility filing Fee	770																												
1002 340	2002 170	Design filing Fee																													
1003 530	2003 265	Plant filing fee																													
1004 770	2004 385	Reissue filing fee																													
1005 160	2005 80	Provisional filing fee																													
SUBTOTAL (1) (\$770)																															
2. EXTRA CLAIM FEES																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>20** =</td><td>x</td><td>=</td><td></td></tr><tr><td>Independent Claims</td><td>3** =</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td></td><td>=</td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	20** =	x	=		Independent Claims	3** =	x	=	Multiple Dependent		=															
Total Claims	Extra Claims	Fee from below	Fee Paid																												
20** =	x	=																													
Independent Claims	3** =	x	=																												
Multiple Dependent		=																													
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2) (\$)</td><td></td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1202 18	2202 9	Claims in excess of 20		1201 86	2201 43	Independent claims in excess of 3		1203 290	2203 145	Multiple dependent claim, if not paid		1204 86	2204 43	**Reissue independent claims over original patent		1205 18	2205 9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$)					
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
1202 18	2202 9	Claims in excess of 20																													
1201 86	2201 43	Independent claims in excess of 3																													
1203 290	2203 145	Multiple dependent claim, if not paid																													
1204 86	2204 43	**Reissue independent claims over original patent																													
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent																													
SUBTOTAL (2) (\$)																															
**or number previously paid, if greater; For Reissues, see above																															
		Other fee (specify)																													
		SUBTOTAL (3) (\$)																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Joseph M Butscher	Registration No. (Attorney or Agent)	48,326
Signature		Telephone	(312)775-8000
		Date	Nov. 25, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.